



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Donnelly, et al.

Serial No.: 09/835,694 Case No.: 18972PCA

Art Unit: 1636

Filed: April 16, 2001

Examiner:

Ketter, James S.

For: NUCLEIC ACID VACCINES AGAINST HUMAN  
INFLUENZA VIRUS (As amended herein)

MAIL STOP: PETITION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Attn: Ms. Karen Creasy

CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8(a)

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING  
DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS  
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COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
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ON THE DATE APPEARING BELOW.

MERCK & CO., INC.

BY:

DATE: 20 Dec. 2005

RENEWED PETITION UNDER 37 C.F.R.  
§1.78(a)(3) TO ACCEPT AN  
UNITINTENTIONALLY DELAYED PRIORITY  
CLAIM UNDER 35 U.S.C. § 120

Sir:

This Renewed Petition is entered in response to the DECISION ON PETITION  
UNDER 37 C.F.R. §1.78(a)(3), mailed 25 July 2005.

(1) Please charge the fee under 37 C.F.R. 1.17(t) to Deposit Account No. 13-2755 as  
a large entity.

(2) The delay between the date the claim was due under 37 C.F.R. § 1.78(a)(2)(ii)

and the date of entry of the First Petition and this Renewed Petition was unintentional.

Adjustment date: 08/09/2006 CKHLUR  
12/23/2005 SSESHE1 00000025 132755 09835694  
01 FC:1464 130.00 CR

12/23/2005 SSESHE1 00000025 132755 09835694  
01 FC:1464 130.00 DA

# **MISC. FEE TRANSMITTAL**

Complete if Known

Application Number 09/835,694  
 Filing Date April 16, 2001  
 First Named Inventor Donnelly et al.  
 Examiner Name James S. Ketter  
 Group Art Unit 1636  
 Attorney Docket Number 18972PCA

TOTAL AMOUNT OF PAYMENT \$130

## **METHOD OF PAYMENT**

☒ Deposit Account

Deposit Account Number 13-2755

Deposit Account Name Merck & Co., Inc.

The Director is authorized to:

☒ Charge fee(s) indicated below

☒ Credit any overpayments

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

## **FEE CALCULATION**

FEES  
 Large Entity

Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	
1051	130	Non-English Specification	
1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1402	500	Filing a brief in support of an appeal	
1452	500	Petition to revive - unavoidable	
1453	1,500	Petition to revive - unintentional	
1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	Submission of Information Disclosure Statement	
1809	790	Filing a submission after final rejection (37 CFR 1.129(a))	
	790	For each additional invention to be examined (37 CFR 1.129(b))	
	130	Statutory Terminal Disclaimer under 37 CFR 1.321	
Other fee (specify)		Renewed Petition 37 CFR 1.78(a)(3) to Accept an Unintentionally .... Under 35 USC 120	130
Other fee (specify)			

TOTAL \$130

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date appearing below.  
 MERCK & CO., INC.  
 Date 20 Dec 2005

## **SUBMITTED BY**

Complete (if applicable)

Name J. Mark Hand

Reg. Number 36,545

Signature *J. Mark Hand*

Date 20 Dec 2005

Deposit Account User ID

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: 08/07/06		2 Serial/Patent # 09/835,694										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
X	Petition		12/22/05	\$ 130.00								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
				7 TOTAL AMOUNT OF REFUND								
				\$ 130.00								
8 TO BE REFUNDED BY:												
10 REASON:		Treasury Check										
	Overpayment	X Credit Deposit A/C #: 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>1</td><td>3</td><td>--</td><td>2</td><td>7</td><td>5</td><td>5</td> </tr> </table>				1	3	--	2	7	5	5
1	3					--	2	7	5	5		
	Duplicate Payment											
X	No Fee Due (Explanation):											
fee not necessary												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME:		A. Au		TITLE: Pet. Exm								
SIGNATURE:				PHONE: 7414								
OFFICE:		OP										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED:												
		DATE: 8/9/06										

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**